

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	CONTROL OF NITRIC OXIDE BIOACTIVITY BY PERFLUOROCARBONS NUDLER2A
Attorney Docket Number::	
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Russia
Status::	Full Capacity

Given Name::	Evgeny
Middle Name::	
Family Name::	NUDLER
Name Suffix::	
City of Residence::	New York
State or Province of Residence::	NY
Country of Residence::	USA
Street of Mailing Address::	2 Washington Square Village #7S
City of Mailing Address::	New York
State or Province of Mailing Address::	NY
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	10012
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Russia
Status::	Full Capacity
Given Name::	Ruslan
Middle Name::	
Family Name::	RAFIKOVA
Name Suffix::	
City of Residence::	Brooklyn
State or Province of Residence::	NY
Country of Residence::	USA
Street of Mailing Address::	1455 Ovington Ave., #B4
City of Mailing Address::	Brooklyn
State or Province of Mailing Address::	NY
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	11219
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Russia
Status::	Full Capacity
Given Name::	Olga
Middle Name::	
Family Name::	RAFIKOVA

Name Suffix::

City of Residence:: Brooklyn

State or Province of Residence:: NY

Country of Residence:: USA

Street of Mailing Address:: 1455 Ovington Ave., #B4

City of Mailing Address:: Brooklyn

State or Province of Mailing Address:: NY

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 11219

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

This Application Appln claiming benefit under 35 USC 119(e) 60/411,828 09/19/02

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignment Information**

Assignee Name:: New York University

Street of Mailing Address:: 70 Washington Sq. South

City of Mailing Address:: New York

State or Province of Mailing Address:: NY

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 10012